MONTHLY PAYROLL REPORT FOR ELECTRICAL CONTRACTORS NATIONAL ELECTRICAL BENEFIT FUND together with LOCAL BENEFIT FUNDS, JATC, AND DEDUCTIONS

☐ Traveling Contractor☐ Permanent Contractor

			51.54.05								Page No. 1	
	NAME		PLEASE	TYPE ONLY]	OCAL LINIO	ON NO. WHERE WORK	IS DEBEODMED		43	
ADDRESS								SFEDERAL	. IST LTH OTHER.			
CITY,	STATE							TION NO				
PHONE				1			TOTAL NUMBER EMPLOYED Wag		Bldg. Co Journeyr Wage Ra Per Hou	eyman's Rate		
This Tr	ansmitt	— al Covers ALL F	Pavroll Weeks End	ing as shown below:	This report and pay	mentshallt	ne mailed to r	reach the office of the app				
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			- 1	CLASSIFICA	TIONS TO BE USE				·			
· 1 Journeyman, Foreman 4 Communicat			4 Communication/\	/VDV 5 Maintenance 6 Inside Apprentice 10			Construction Wireman			Residential		
1	5 Constru	ection Etectrician	24 Seasonal Employe	e 26 ALL 2	7 Alumni	28 Own	er Working	under a.CBA	22 Journeyman	1 23 A	Apprentice	
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SOCIAL SECURITY NUMBER			NAME OF E	CLASS	C	TOTAL GROSS CLOCK EARNINGS		HOURLY WAGE RATE	LOCAL 43 WORKING DUES	BRHD/COPE DEDUCTION		
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TOTAL NUMBER OF PAGES THIS REPORT				GRAND TOTAL ALL PAGES					, a			
 Make 1 check payable to Finger Lakes NY Chapter NECA for the sum of 1, 2, 7, 8 & 9 and mail copies 1 & 2 to: 135 Old Cove Rd., Suite #208, Liverpool, NY 13090 Mail check 3 & copy 3 to: Local #43 and Electrical Contractors Benefit Escrow Account, P.O. Box 2218, Syracuse, NY 13220-2218 Mail check 4 & and copy 5 to: CNYJATC, 4566 Waterhouse Rd., Clay, NY 13041 Mail check 5 & 6 and copy 4 to IBEW Local Union #43, P.O. Box 110, Clay, NY 13041 The employer reporting herein recognizes that it is bound by the Restated Employees Benefit Agreement and Trust for the National Electrical Benefit Fund and agrees to make the required contributions to the Fund as provided for therein. The employer acknowledges having received a copy of the above Agreement. The employer certifies that the information contained in this report is a full and accurate statement of hours worked and wages earned of all employees subject to employer contributions (pursuant to Article 6 of the Agreement). The employer further certifies that if contributions are made on behalf of non-bargaining unit employees or alumni employees only, except those who may be excluded pursuant to Section 6.3 of the Agreement. The employer further certifies that if it is reporting on behalf of a related organization as defined in Article 6 of the Agreement. FIRM NAME SIGNATURE & TITLE 						90 count, 1 13041 National mployer is report jursuant jurg unit uch non- eement, nt, either	1. National Electrical Benefit Fund 3% of gross earnings (Col. 5) 2. National Electrical Industry Fund 1% of gross earnings (Col. 5) 3. IBEW 43 & Electrical Contractors Benefit Escrow Account (\$ x Col. 4) ant unit on- ent. 5. IBEW #43 Working Dues (*Col. 7)					
DATECheck here when: CHECK TYPE OF BUSINESS ENTITY								(¢ x Col.	4)	•		
Check here when: □ First report in area □ Final report in area □ Partnership □ More forms needed CHECK TYPE OF BUSINESS ENTITY □ Sole Proprietor □ Partnership □ Corporation							9. AM	(¢ x Col.	. 4)	\$.		



FORM MPR-164 (Rev. 11-03)